

**APPLICATION DATA SHEET**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)::  
Number of copies of CRF::  
Title:: PANTOPRAZOLE CYCLODEXTRIN INCLUSION  
COMPLEXES  
Attorney Docket Number:: 26177  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggest Drawing Figure::  
Total Drawing Sheets:: 0  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed U.S. Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?::

**Applicant Information**

Applicant Authority type:: Inventor

Primary Citizenship Country:: IT  
Status:: Full Capacity  
Given Name:: Ferdinando  
Middle Name::  
Family Name:: GIORDANO  
Name Suffix::  
City of Residence:: TORRE D'ISOLA  
State or Province of Residence:: PVIA  
Country of Residence:: ITALY  
Street of Mailing address:: Via Di Vittorino, 4  
City of mailing address:: TORRE D'ISOLA  
State or Province of mailing address:: PVIA  
Country of mailing address:: ITALY  
Postal or Zip Code of mailing address:: I-27020

1-00

ITX

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: IT  
Status:: Full Capacity  
Given Name:: Lucia  
Middle Name::  
Family Name:: MARZOCCHI  
Name Suffix::  
City of Residence:: PONTREMOLI  
State or Province of Residence:: MASSA CARRARA  
Country of Residence:: ITALY  
Street of Mailing address:: Via Casale 20, Grondola di Pontremoli  
City of mailing address:: PONTREMOLI  
State or Province of mailing address:: MASSA CARRARA  
Country of mailing address:: ITALY

2-00

ITX

Postal or Zip Code of mailing address:: I-54027

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: ES  
Status:: Full Capacity  
Given Name:: Jose  
Middle Name:: Ramon  
Family Name:: MOYANO  
Name Suffix::  
City of Residence:: Seville  
State or Province of Residence::  
Country of Residence:: SPAIN  
Street of Mailing address:: Calle Leon XIII  
City of mailing address:: Seville  
State or Province of mailing address::  
Country of mailing address:: SPAIN  
Postal or Zip Code of mailing address:: 41092

3-00

ESX

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: IT  
Status:: Full Capacity  
Given Name:: Alessandra  
Middle Name::  
Family Name:: ROSSI  
Name Suffix::  
City of Residence:: Stradella  
State or Province of Residence:: PAVIA  
Country of Residence:: ITALY

A-00

ITX

Street of Mailing address:: Via Don Camillo Ruta, 1  
City of mailing address:: Stradella  
State or Province of mailing address:: PAVIA  
Country of mailing address:: ITALY  
Postal or Zip Code of mailing address:: I-27049

### Correspondence Information

Correspondence Customer Number:: 034375  
Name:: Todd L. Juneau  
Street of mailing address:: 1030 Fifteenth Street, N.W.  
Sixth Floor  
City of mailing address:: Washington  
State or Province of mailing address:: DC  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20005  
Phone number:: (202) 775-8383  
Fax number:: (202) 775-8396  
E-Mail address:: ip@nathlaw.com

### Representative Information

Representative Customer Number::	34375
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### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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			10/501295

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
EUROPE	02000288.7	15 January 2002 (15.01.2002)	Yes
EUROPE	02006454.9	22 March 2002 (22.03.2002)	Yes

**Assignee Information**

Assignee name:: Altana Pharma AG  
 Street of mailing address:: Byk-Gulden-Str. 2  
 City of mailing address:: Konstanz  
 State or Province of mailing address::  
 Country of mailing address:: DE  
 Postal or Zip Code of mailing address:: 78467